CLAIMS ONLY							Applicant(s)						
			_			in the	Applicant	* <b>/</b>					
OL 41140			07-	09-0 R FIRST	7		* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*,		*		.*	
	Indep	Depend	Indep		Indep	Depend	-	Indep	Depend	Indep	Depend	Indep	Depend
1	<u> </u>						51						1 2 3 7 2
3	<del></del>					<b></b>	52						
4	<del> </del>		<del> </del>		<del></del>	<del> </del>	53 54	<del></del>	<del> </del>	<u> </u>	<u> </u>		ļ
5			<del></del>	<b>-</b> 5-		-	55	-	<del> </del>		<del> </del>		<del> </del>
. 6							56		<del> </del>	<del> </del>			<del> </del>
7							57			-	<del> </del>		<del>                                     </del>
<u>8</u> 9	<u> </u>						58						
10	<del> </del>					<u> </u>	59 60		<u> </u>	<b> </b>	ļ		
11	· · ·			-	<del></del>		61	<del> </del>	<del> </del>	<del> </del>	<u> </u>		· .
12 .				7			62	<del> </del>		<del> </del>	<del> </del>		<del> </del>
13							63			<del> </del>			<del></del>
14							. 64						-
15 16		ļ					65						
17						<u> </u>	66 67						
18		<del></del>		<del></del>		<del></del>	68	<u> </u>		<b></b>	· · ·		
19							69		<del>                                     </del>	<u> </u>		· · · · ·	<del></del>
20	1						70						
21							71						<del></del>
22							72	·					
23 24		<del> </del>					73						
25							74 75		<u> </u>				
26							76						<del></del>
27							77						
28							- 78						
29 30							79						
31			<del></del>		<del>-                                    </del>		80						
32		·	·			7	81 82		<del></del>			. ,	ļ
33							83						<del></del>
34							84						
35							85						
36 37					-		86	٠					
38							87 88						<u> </u>
39							89						<del></del>
40				***************************************			90						
41							91						
42				·			92						
43 44							93		_ : :				,
45	-	<del></del>					94 95						
46							96						
47						·	97				<del></del>	<del></del>	·
48							98						
49							99						
50		<del></del>					100						
Total Indep			3				Total Indep			1	1 1	1	.   _
Total			***	┙╟			Total				_} }		
Depend	<u> </u>		11		•		Depend						
Total Claims	7		14				Total						
LABITIS													

Application Number

Filing Date